

**OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN
AND ACKNOWLEDGEMENT OF RISK FORM A (Local, Low-Risk Day Trip)**

To the Parent(s)/Guardian(s) of: _____ Grade: _____ Homeroom: _____

Please read the contents of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with the Lead Teacher BEFORE signing it.

If this form is not signed and returned to the school by **April 9, 2020**, your child WILL NOT BE ALLOWED TO ATTEND.

PROGRAM/ACTIVITY INFORMATION

DESTINATION/ACTIVITY: Squamish Fire Rescue Hall #1 DATE(S): APR 17 & 18, 2020

PURPOSE OR EDUCATIONAL GOAL(S): Career Experience in Fire-Rescue Services

ITINERARY/ACTIVITIES: Friday April 17th 9:00am- 3:00pm and Saturday April 18th 8:00am- 4:30pm

METHOD OF TRANSPORTATION: Students are responsible for arranging their own transportation

LEAD TEACHER: Vicki Schenk TOTAL NO. OF SUPERVISORS PLANNED: 1 plus the Squamish Fire Rescue Department

SUPERVISORY ARRANGEMENTS: students will be supervised by Squamish Fire Rescue services as they perform drills and fire rescue training exercises.

COST TO THE STUDENT: Nothing WHAT TO BRING: A Change of clothes

BOARD RESPONSIBILITIES

The board will make every reasonable effort to ensure or ascertain that:

- a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
- b. The students are adequately supervised over all aspects of the program/activity.
- c. The location(s) used are appropriate and safe for the activity(ies) and group.
- d. Equipment used has been inspected and deemed appropriate and safe.
- e. A Safety Plan is in place to identify and manage known potential risks.
- f. An Emergency Plan is in place to deal with an injury or illness to any of the students.

POTENTIAL KNOWN RISKS

Potential known risks include the following: - See attached information sheets.

Additional Comments/Requirements:

CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination/Activity/Program: Squamish Fire Rescue Training and Work Experience – April 17 & 18, 2020

1. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
2. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
3. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
4. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
5. I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.
6. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
7. Based on my understanding, acknowledgement, and consents as described herein,

(Name of Student) _____ (Date of Birth) _____ has my permission to participate

Date: _____ Name (Please print): _____ Signature: _____

Parent/Guardian Contact Numbers: Day _____ Evening _____

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OFF-SITE EXPERIENCE EMERGENCY MEDICAL INFORMATION (Write below or attach a separate page if more space is needed)

Student Name: _____ Birth Date: _____

BC Medical Services Plan Personal Health No.: _____ Student School Accident Insurance: Yes No

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify: _____

Reaction(s) to above? _____

Carries Epi pen? Yes No Carries Ana Kit? Yes No

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, recent hospitalization or surgery, chronic conditions, phobias, etc.). Be specific: _____

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in: _____

Medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such): _____

Other Health/Medical/Dietary Concerns: _____

Emergency Contacts:
1) _____ Phone: (H) _____ (W) _____ (C) _____

2) _____ Phone: (H) _____ (W) _____ (C) _____

Name of Physician _____ Phone # _____

Parent/Guardian who is filling out and signing this form:

Name (please print) _____ Signature _____